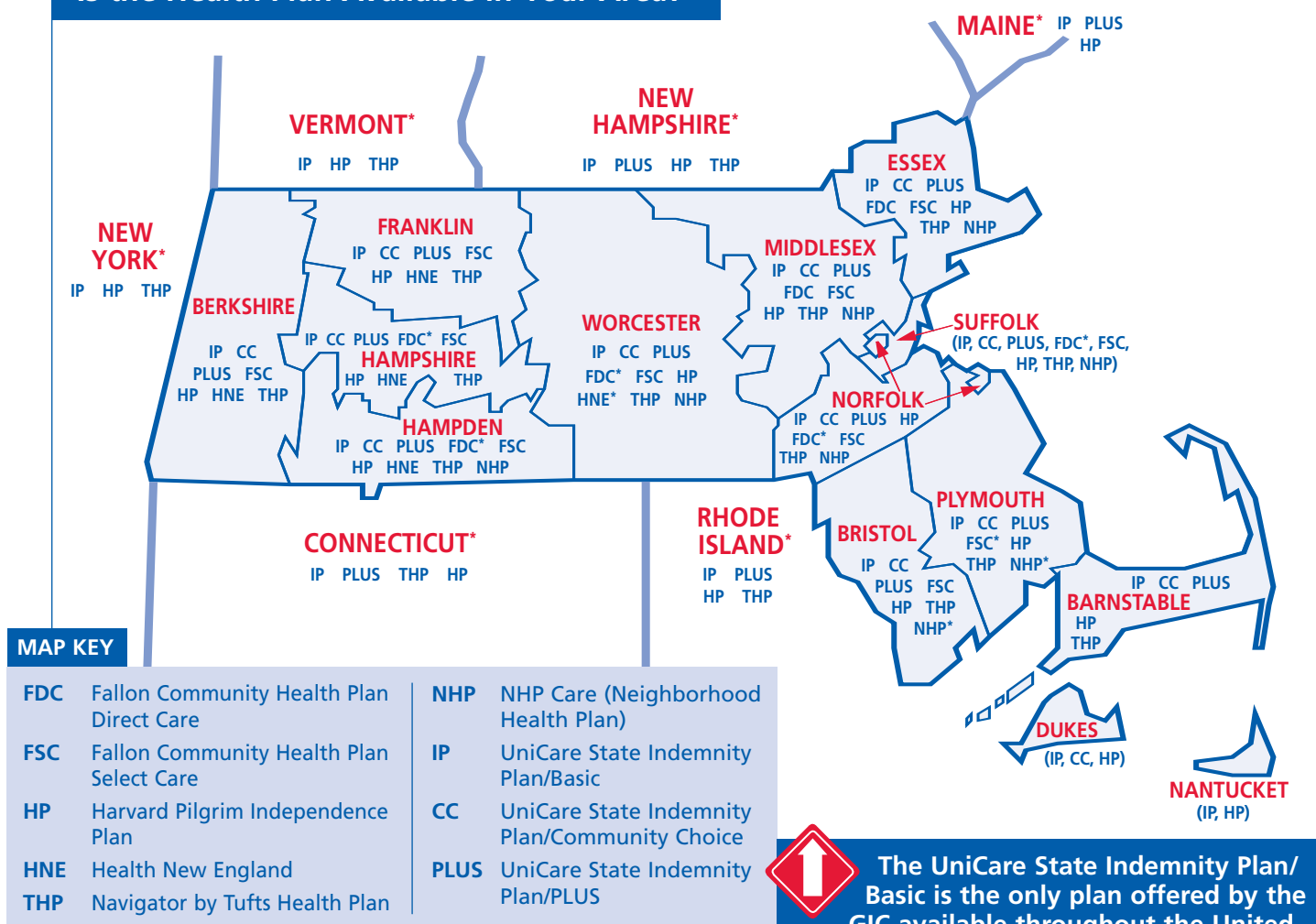


Weigh Your Options During Annual Enrollment

- Determine which plans you are eligible for: See the map below for health plan locations and each health plan page for eligibility details.
- Review the health plan pages 11-19 for an overview of your health plan options, their structure, and most frequently used service co-pays and deductibles. Weigh the following:
 - Are there out-of-network benefits and do you need them?
 - Do you prefer having a Primary Care Physician who is required to coordinate your care?
 - Monthly rates (see page 9).
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this guide
 - If your doctors and hospitals are in the network
 - Which co-pay tiers your doctors and hospitals are in
- Attend a GIC health fair and see the GIC's website for additional information (See pages 26 and 27).

Is the Health Plan Available in Your Area?




* Plans may not be available in every city and town in this county or state. Call the plans for their specific city and town coverage.



The UniCare State Indemnity Plan/Basic is the only plan offered by the GIC available throughout the United States and out of the country.

GIC Plan Rates as of July 1, 2008

	For Employees Hired on or before June 30, 2003		For Employees Hired and Planning Councils joining the GIC after June 30, 2003	
	15%		20%	
	Employee Pays Monthly		Employee Pays Monthly	
Basic Life Insurance Only \$5,000 coverage	\$1.03		\$1.37	
HEALTH PLAN (premium includes Basic Life Insurance)	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	\$ 60.21	\$143.05	\$ 80.27	\$190.73
Fallon Community Health Plan Select Care	71.26	169.57	95.00	226.09
Harvard Pilgrim Independence Plan	77.49	186.02	103.31	248.03
Health New England	64.61	158.65	86.15	211.53
Navigator by Tufts Health Plan	73.42	175.75	97.89	234.32
NHP Care (Neighborhood Health Plan)	63.82	167.42	85.09	223.23
UniCare State Indemnity Plan/ Basic with CIC (Comprehensive)	142.48	330.84	178.48	414.46
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	108.00	250.85	144.00	334.47
UniCare State Indemnity Plan/ Community Choice	62.21	147.87	82.95	197.15
UniCare State Indemnity Plan/PLUS	78.72	186.43	104.95	248.56



Contribution percentages may change after
the Commonwealth's annual budget is enacted.

For other plan considerations, see page 8.

Multi-Tier Drug Co-payment Structure

All GIC health plans provide benefits for prescription drugs using a three-tier co-payment structure in which your co-payments vary depending on the particular drug dispensed. The following descriptions will help you understand your prescription drug co-payment levels. Contact plans you are considering with questions about your specific medications. *See pages 11-19 for the corresponding co-payment information.*

Tier 1 (Generics): This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage form and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses of brand name drugs.

Tier 2 (Preferred Brand Name): This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Costly generics may also be included.

Tier 3 (Non-Preferred Brand Name): This tier is primarily made up of brand name drugs not included in Tier 1 or Tier 2. They have generic or brand name alternatives in Tiers 1 or 2.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by Express Scripts, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

Step Therapy – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.

Mandatory Generics – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, plus the generic co-pay.

Specialty Drug Pharmacies – If you are prescribed specialty medications, primarily injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one co-pay every three months. *See pages 11-19 for co-pay details.* Once you begin mail order, you can conveniently order refills by phone or Internet. Contact your plan for details.

Active Employees Age 65 and Over

Important Information About Medicare Part D

All GIC health plans have prescription drug benefits equal to or greater than the federal Medicare Part D benefit. If you are Medicare eligible, but still working, your GIC health plan's prescription drug coverage will satisfy Medicare's creditable coverage requirements.



Plan Overview

Benefits Effective July 1, 2008

- ## Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$40	Tier 3: \$90

See page 9.

www.fchp.org

FALLON COMMUNITY HEALTH PLAN SELECT CARE

Plan Overview

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2008

Fallon Community Health Plan tiers network physicians based on quality and cost efficiency standards.

■ Primary Care Physician Diagnostic Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$15 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Primary Care Physician Wellness Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit;
100% after \$0 pediatric visit
- ★★ Tier 2 (good): 100% after \$15 per visit;
100% after \$5 pediatric visit
- ★ Tier 3 (standard): 100% after \$25 per visit;
100% after \$10 pediatric visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$35 per visit

■ Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per visit

■ Inpatient Hospital Care – Medical

(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$250 per admission

■ Outpatient Surgery

100% after \$125 per occurrence
(maximum four co-pays annually per person)

■ Emergency Room

100% after \$75 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$40

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$90

Eligibility

Employees, Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available in the following Massachusetts counties:

Berkshire	Hampshire
Bristol	Middlesex
Essex	Norfolk
Franklin	Suffolk
Hampden	Worcester

Fallon Community Health Plan Select Care is *partially* available in the following Massachusetts county:

Plymouth

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan

1.866.344.4442

www.fchp.org

HARVARD PILGRIM INDEPENDENCE PLAN

Plan Overview

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a co-payment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

In-Network Benefits Effective July 1, 2008

- **Primary Care Physician Office Visit**
(Internal medicine, family practice, and pediatrics)
 100% after \$15 per visit
- **Specialist Physician Office Visit**
Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and cost efficiency standards: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), and Rheumatologists.
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Out-of-State Specialist Office Visit**
 100% after \$25 per visit
- **Outpatient Mental Health and Substance Abuse Care**
 100% after \$15 per individual visit
- **Inpatient Hospital Care – Medical**
(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
 100% after \$300 per admission
- **Outpatient Surgery**
 100% after \$100 per occurrence *(maximum four co-pays per person per calendar year)*
- **Emergency Room**
 100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Nantucket
Dukes	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

The plan is also available in the following other states:

Connecticut	New York
Maine	Rhode Island
New Hampshire	Vermont

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care
 1.800.542.1499
www.harvardpilgrim.org/gic

HEALTH NEW ENGLAND

Plan Overview

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2008

- **Pediatric Physician Office Visit**
100% wellness office visit; 100% after \$15 per diagnostic visit
- **Primary Care Physician Wellness Office Visit**
100% after \$15 per visit
- **Primary Care Physician Office Visit**
Health New England tiers network Primary Care Physicians based on quality and cost efficiency standards.
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$15 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit
- **Specialist Physician Office Visit**
Health New England tiers the following specialists based on quality and cost efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), and Rheumatologists.
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Outpatient Mental Health and Substance Abuse Care:** 100% after \$15 per visit
- **Inpatient Hospital Care – Medical**
(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$250 per admission
- **Outpatient Surgery**
100% after \$100 per occurrence
(maximum four co-pays annually per person)
- **Emergency Room**
100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$120

Eligibility

Employees, Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available in the following Massachusetts counties:

Berkshire	Hampshire
Hampden	Franklin

Health New England is *partially* available in the following Massachusetts county:

Worcester

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England

1.800.842.4464

www.hne.com

NAVIGATOR BY TUFTS HEALTH PLAN

Plan Overview

The Navigator Plan, administered by Tufts Health Plan, is a PPO Plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a co-payment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit co-pays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated. Members pay a lower inpatient hospital co-pay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2008

- **Primary Care Physician Office Visit**
(Internal medicine, family practice, and pediatrics)
100% after \$15 per visit
- **Specialist Physician Office Visit**
Tufts Health Plan tiers the following Massachusetts specialists based on quality and cost efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Rheumatologists, and Urologists.
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Out-of-State Specialist Office Visit**
100% after \$25 per visit
- **Outpatient Mental Health and Substance Abuse Care** (contact UBH for other mental health and substance abuse benefit details)
100% after \$15 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical**
(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics (OB), and pediatrics based on quality and cost efficiency.
 - Tier 1: 100% after \$200 per admission
 - Tier 2: 100% after \$400 per admission
- **Outpatient Surgery**
100% after \$100 per occurrence (maximum four co-pays per person per calendar year)
- **Emergency Room**
100% after \$50 per visit (waived if admitted)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Navigator by Tufts Health Plan is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

The plan is also available in the following other states:

Connecticut	Rhode Island
New Hampshire	Vermont
New York	

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

- **Medical Benefits:**
Tufts Health Plan
1.800.870.9488
www.tuftshealthplan.com/gic
- **Mental Health, Substance Abuse and EAP Benefits:**
United Behavioral Health
1.888.610.9039
www.liveandworkwell.com (access code: 10910)

NHP CARE (*Neighborhood Health Plan*)

Plan Overview

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit co-pays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2008

■ Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on quality and cost efficiency standards.

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on quality and cost efficiency standards: Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Orthopedics, and Rheumatologists.

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$35 per visit

■ Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

■ Inpatient Hospital Care – Medical

(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)

100% after \$250 per admission

■ Outpatient Surgery

100% after \$100 per occurrence
(maximum four co-pays annually per person)

■ Emergency Room

100% after \$75 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$45

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$135

Eligibility

Employees, Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available in the following Massachusetts counties:

Bristol	Norfolk
Essex	Suffolk
Hampden	Worcester
Middlesex	

NHP Care is *partially* available in the following Massachusetts county:

Plymouth

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care (*Neighborhood Health Plan*)

1.800.462.5449

www.nhp.org

UNICARE STATE INDEMNITY PLAN/BASIC

Plan Overview

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your co-pays are determined by your choice of physician. Massachusetts members pay lower office visit co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated. The plan determines "allowed amounts" for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from out-of-network providers at higher out-of-pocket costs.

Benefits with CIC (Comprehensive) Effective July 1, 2008

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$30 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit

100% after \$20 per visit

■ Network Outpatient Mental Health and Substance Abuse Care

(contact UBH for other mental health and substance abuse benefit details): 100% after \$15 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care – Medical

(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)
100% after \$200 deductible

■ Outpatient Surgery: 100% after \$100 deductible

(maximum one deductible per person per calendar year quarter)

■ Emergency Room

100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$7

Tier 2: \$20

Tier 3: \$40

Value Tier: \$2

Specialty drug mail order up to 30-day supply: \$10

Mail Order up to 90-day supply:

Tier 1: \$14

Tier 2: \$40

Tier 3: \$90

Value Tier: \$4

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information.

■ Medical Benefits:

UniCare

1.800.442.9300

www.unicare-cip.com

■ Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

■ Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE

Plan Overview

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care co-pays and deductibles are determined by the type of treatment. For routine procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For certain complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital deductible when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2008

UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.

- **Primary Care Physician Office Visit**
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$20 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit
- **Specialist Office Visit**
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$20 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Outpatient Mental Health and Substance Abuse Care** *(contact UBH for other mental health and substance abuse benefit details)*
100% after \$15 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical**
(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)
100% after \$200 deductible
- **Outpatient Surgery**
100% after \$100 deductible *(maximum one deductible per person per calendar year quarter)*
- **Emergency Room**
100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$7	Tier 1: \$14
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90
Value Tier: \$2	Value Tier: \$4
Specialty drug mail order up to 30-day supply: \$10	

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Dukes	Plymouth
Essex	Suffolk
Franklin	Worcester
Hampden	

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

- **Medical Benefits:**
UniCare
1.800.442.9300
www.unicare-cip.com
- **Mental Health, Substance Abuse and EAP Benefits:**
United Behavioral Health
1.888.610.9039
www.liveandworkwell.com (access code: 10910)
- **Prescription Drug Benefits:**
Express Scripts
1.877.828.9744
www.express-scripts.com

UNICARE STATE INDEMNITY PLAN/PLUS

Plan Overview

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a co-payment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after a you pay a deductible. Members pay lower office visit co-pays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated. Members pay a lower inpatient hospital deductible when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2008

UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$35 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit

100% after \$20 per visit

■ Outpatient Mental Health and Substance Abuse Care *(contact UBH for other mental health and substance abuse benefit details)*

100% after \$15 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care – Medical

(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

- Tier 1: 100% after \$250 deductible
- Tier 2: 100% after \$400 deductible

■ Outpatient Surgery

100% after \$100 deductible

(maximum one deductible per person per calendar year quarter)

■ Emergency Room

100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
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Tier 1: \$7	Tier 1: \$14
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90
Value Tier: \$2	Value Tier: \$4
Specialty drug up to 30-day supply: \$10	

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

The plan is also available in the following other states:

Connecticut	New Hampshire
Maine	Rhode Island

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

See page 9.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

■ Medical Benefits:

UniCare

1.800.442.9300

www.unicare-cip.com

■ Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

■ Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com